B1 (Officia	l Form 1) (4/10)									
			D STATES BAN		COURT			voji	NUARY PETI	man .	
District of Nebraska Name of Debtor (if individual, enter Last, First, Middle):						Name of Joint Debtor (Spouse) (Last, First, Middle):					
Sanitai	ry and Impr	rovement D	istrict No. 5	528 of Dou	uglas County,	All Other Names used by the Joint Debtor in the last 8 years					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						(include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 76-0799800						Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):					
Street Address of Debtor (No. and Street, City, and State):						Street Add	Street Address of Joint Debtor (No. and Street, City, and State):				
11440 West Center Road Omaha, NE											
ZIP CODE 68144									Þ	ZIP CODE	
County of Dougla		of the Principal	Place of Busine	ess:		County of I	County of Residence or of the Principal Place of Business:				
		or (if different f	from street addr	ress):		Mailing Ad	Mailing Address of Joint Debtor (if different from street address):				
				ZIP CODE			ZIP CODE				
Location of	of Principal Ass	ets of Business	Debtor (if diffe	crent from str	rect address above):	:				IP CODE	
		of Debtor Organization)			Nature of Busine		ss Chapter of Bankruptcy Code Under Which			nder Which	
		one box.)			(Check one box)			_	•	
		s Joint Debtors)		Sing	lth Care Business gle Asset Real Estat	te as defined in	☑ Cha	☐ Chapter 7 ☐ Chapter 15 Petiti ☑ Chapter 9 Recognition of a			
		nge 2 of this formules LLC and LL		11 Ū	J.S.C. § 101(51B) road		Char	pter 11 pter 12	Main Procee	eding	
☐ Parti	nership		•	Stoc	kbroker		Cha	pter 13	Recognition	of a Forcign	
Othe chec	er (II deptor is a ck this box and a	not one of the all state type of en	bove entities, tity below.)		nmodity Broker Iring Bank				Nonmain Pr	occeding	
				☑ Other					ture of Debts eck one box.)		
Munici	Municipality				Tax-Exempt Entity (Check box, if applicable.)			Debts are primarily consumer Debts are primarily			
				l _			debts, defined in 11 U.S.C. business debts.				
				unde	tor is a tax-exempt or Title 26 of the Ur	nited States	States individual primarily for a				
				Code	e (the Internal Reve	nuc Code).	ue Code). personal, family, or house-hold purpose."				
		Filing Fee	(Check one box	к.)		Check one		Chapter 11 I	Debtors	·	
☑ Full	Filing Fee attac	ched.				☐ Debte	or is a small bus	iness debtor as de	fined in 11 U.S.	.C. § 101(51D).	
☐ Filin	ng Fee to be pai	d in installment	ts (applicable to	individuals (only). Must attach		Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).				
	signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.						Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed to				
	_						rs or affiliates)	are less than \$2,3	43,300 (amount	subject to adjustment	
	attach signed application for the court's consideration. See Official Form 3B.						on 4/01/13 and every three years thereafter). Check all applicable boxes:				
						│ ☑ Apla	n is being filed	with this petition.			
							Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).				
	l/Administrativ	ve Information	1							THIS SPACE IS FOR	
Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										COOK! USE ONLY	
Estimated	Number of Cre	editors				7					
1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 1	□ 10,001- 25,000	25,001- 50,000	□ 50,001- 100,000	Over 100,000		
Estimated	Assets					.5,000		100,000	100,000		
□ \$0 to	\$50,001 to	\$100,001 to	\$500,001	□ \$1,000,001		D	C100 000 001				
\$50,000	\$100,000	\$500,000	to \$1	to \$10	to \$50 to	\$50,000,001 to \$100	\$100,000,001 to \$500	\$500,000,001 to \$1 billion	More than \$1 billion		
million million million million million Estimated Liabilities											
□ \$0 to	\$50,001 to	\$100,001 to		\$1,000,001							
\$50,000	\$100,000	\$500,000	to \$1	to \$10	to \$50 to	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		

BI (Official Form) I (4/10)					
Voluntary Petition (This page must be completed and filed in every case.)	Name of Debtor(s): Sanitary and Improvement District No. 528 of Douglas C				
Signat	ures				
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative				
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such	I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)				
chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).	☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.				
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.				
X Signature of Debtor	X (Signature of Foreign Representative)				
X Signature of Joint Debtor	(Printed Name of Foreign Representative)				
Telephone Number (if not represented by attorney)	Date				
Date					
Signature of Attorney*	Signature of Non-Attorney Bankruptcy Petition Preparer				
x /s/Brian C. Doyle	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a				
Signature of Attorney for Debtor(s) Brian C. Doyle					
Printed Name of Attorney for Debtor(s) Fullenkamp, Doyle & Jobeun					
Firm Name	maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing				
Omaha, NE 68144	for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.				
Address 402-334-0700					
Telephone Number 12/14/2010	Printed Name and title, if any, of Bankruptcy Petition Preparer				
Date	Social-Security number (If the bankruptcy petition preparer is not an				
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)				
Signature of Debtor (Corporation/Partnership)					
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	Address X				
The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Date				
x /s/Chad LaMontagne	Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.				
Signature of Authorized Individual Chad LaMontagne	·				
Printed Name of Authorized Individual Chairmain Title of Authorized Individual	Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.				
Title of Authorized Individual 12/14/2010 Date	If more than one person prepared this document, attach additional sheets				
	conforming to the appropriate official form for each person.				
	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.				